

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		6	9-2000
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>	C.S.W.		15 JAN 2002

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
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— (Through numeral) ...	Canceled	A .....	Appeal
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